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TO: Examiner David J. Huisman
U.S. Patent & Trademark Office
Group Art Unit 2183

FROM: Michael K. O'Neill (Reg. No. 32,622)

RE: U.S. Application No. 10/671,785
Atty. Docket No.: 03500.017602.

FAX NO.: (571)273-8300

DATE: July 23, 2009 **NO. OF PAGES:** 17
(including cover page)

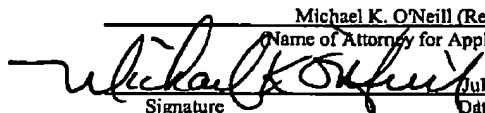
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MESSAGE

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(Name of Attorney for Applicants)


Signature

July 23, 2009
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In re Application of:

Docket No. 03500.017602.

ATSUSHI DATE

Application No.: 10/671,785

Examiner: David J. Huisman

Filed: September 29, 2003

Group Art Unit: 2183

For: PROCESSOR SYSTEM WITH EXCLUSIVE
ACCESS TO ON-CHIP MEMORY BY ONE
OF A BUILT-IN PROCESSOR OR AN
EXTERNAL PROCESSOR (AS AMENDED)

July 23, 2009

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 5	MINUS	** 20	= 0	x \$26 \$52	0
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$110 \$220	0
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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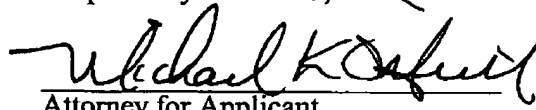
Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicants)


Signature

July 23, 2009
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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